

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/936041** FILING DATE _____
APPLICANT(S) _____

CLAIMS

1	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		51	IND.	DEP.	IND.	DEP.	IND.	DEP.
	IND.	DEP.	IND.	DEP.	IND.	DEP.							
2	1		1				52						
3	2		1				53						
4	2		1				54						
5	2		1				55						
6	2		1				56						
7	2		1				57						
8	2		1				58						
9	2		1				59						
10	2		1				60						
11	6		1				61						
12	7		1				62						
13	7		1				63						
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45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TAL 2.			1			1							
TAL P.													
TAL AIMS													